



**T H U R S T O N M A S O N**  
Behavioral Health Organization

# **ADVISORY BOARD NEW MEMBER HANDBOOK**

**Thurston Mason Behavioral Health Organization  
412 Lilly Road NE  
Olympia, WA 98506**

**THURSTON MASON  
BEHAVIORIAL HEALTH ORGANIZATION (BHO)  
ADVISORY BOARD  
NEW MEMBER HANDBOOK**

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## Welcome and Introduction

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**Welcome to the Thurston Mason Behavioral Health Organization Advisory Board! You are providing a valuable community service by participating on this Board.**

The Mission of the Thurston Mason BHO Advisory Board is:

*To advocate for consumer-driven crisis intervention and treatment services for Thurston and Mason County residents most in need of publicly funded mental health and substance use disorder services and to advise the TMBHO Governing Board to fulfill this directive.*

Services shall:

*Promote a sense of well-being within the natural environment of the consumer, offering services that maximize consumer choice and individualized tailored care, except as a safety issue as defined by RCW 71.05.*

### **What are Behavioral Health Organizations?**

In 2014 State law (SB 6312) created Behavioral Health Organizations (BHOs) to purchase and administer public mental health and substance use disorder services under managed care. BHOs are single, local entities that assume responsibility and financial risk for providing substance use disorder treatment, and the mental health services previously overseen by the Regional Service Networks (RSNs) including inpatient and outpatient treatment, involuntary treatment and crisis services, jail proviso services, and services funded by the federal block grants.

### **Where are BHOs located?**

BHOs are located within newly formed Regional Service Areas (RSAs). For the most part, there is one BHO per Regional Service Area. One exception is in Eastern Washington, where North Central and Spokane RSAs constitute one BHO. In the map provided below, the BHO labeled as Timberlands is now being called Great Rivers BHO.

### **What are Regional Service Areas?**

Regional Service Areas (RSAs) define new geographical boundaries for the state to purchase behavioral and physical health care through managed care contracts. RSAs are geographic regions; they are NOT administrative authorities in themselves. RSAs were authorized in 2014 legislation and they include contiguous counties, contain at least 60,000 people on Medicaid, possess an adequate number of health care providers, and reflect natural and behavioral health service referral patterns. The Department of Social and Health Services (DSHS) and the Health Care Authority (HCA) jointly designated them in November, 2014:



**What is the Thurston Mason BHO Advisory Board?**

The Thurston Mason Behavioral Health Organization Advisory Board is the result of integration between the Thurston Mason Regional Support Network and Thurston Mason Chemical Dependency Advisory Boards. Integration between mental health and chemical dependency was a result of Senate Bill 6312. This document represents the first Membership Handbook for the newly integrated advisory boards.

Regional Support Networks (RSNs) and Prepaid Health Plans (PHPs) are required to have an advisory board as part of its governing structures in compliance with 71.24 Section 300 RCW and WAC 388-865-0315. The Chemical Dependency Advisory Board exists as a result of State Law RCW 70.96A.300 and related state regulations. Both boards are citizen advisory boards which represent the citizens of Thurston and Mason Counties.

Consumers, past consumers and family members must comprise at least 51% of the Advisory Board, and the Board must be demographically representative of the BHO. Advisory Board Bylaws require a minimum of nine (9), maximum of fifteen (15) Advisory Board members. A minimum of six (6) members will be representative of Thurston County and three (3) of Mason County with a maximum of eleven (11) Thurston County Representatives and four (4) Mason County Representatives. Each voting member is appointed to a three-year term by the TMBHO Governing Board. Members may be re-appointed to an additional term(s) to meet the composition requirements. Elected officials include a Chair and Vice-Chair, which are elected in March of every year.

The Thurston Mason BHO Advisory Board meets the fourth Monday every month at 5:30 p.m. Meetings last approximately 1.5 hours. As a voting member, your attendance is required. From the member roster of the BHO Advisory Board, smaller subcommittees have been formed to address specific issues and processes. This includes the Advocacy Committee and the Services & Administration Committee.

Staff from the Thurston Mason BHO and the Board Chairperson will prepare an agenda for each meeting. Agendas will consistently include standing committee reports (when applicable) and a designated time for community input. TMBHO staff will also assist in preparing for Advisory Board meetings.

As a member of this Board, you have certain responsibilities and duties. This handbook has been prepared to acquaint you with these responsibilities and to provide some background information to assist you in carrying them out.

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## **Bylaws of the BHO Advisory Board**

### **A. AUTHORITY**

1. The Thurston Mason BHO Advisory Board is established in accordance with the provisions of Chapter 71.24, 70.96 and 70.96A of the Revised Code of Washington as amended and WAC 388-865-0315.

### **B. RESPONSIBILITIES**

The BHO Advisory Board has the following powers and duties:

1. Review and evaluate the needs, facilities, services and special issues of Thurston and Mason Counties.
2. Advise the BHO Governing Board as to a program of community services that shall reflect the fullest and most feasible utilization of already existing services.
3. Request regular updates from community providers at Advisory Board meetings for the purpose of staying current on agency programs, challenges and issues.
4. Review and discuss quarterly progress report summaries of contracted service providers prepared by BHO staff.
5. Establish priorities based on community needs and recommend the allocation of available county and state funds to meet those needs.
6. Receive and review all applications for financial support; make funding recommendations according to the priorities and allocations approved by the BHO Governing Board.
7. Advise and assist in the selection of new community mental health and substance use disorder providers through participation in the Request for Qualification (RFQ) or Request for Proposal (RFP) process, or through other allowable means to select qualified providers.
8. Keep abreast of complaints, grievances and critical incidents as reported to the BHO.

9. After adoption of a program, review the financial and service components of the program to be assured that actual expenditures and programs remain consistent with agreements contained in the application as approved.
10. Review and discuss the annual BHO Quality Work Plan and Quality Assurance and Performance Improvement (QAPI) Plan.
11. Develop and recommend to the Governing Board the budget for Thurston Mason Counties for mental health and substance use disorder services.
12. Request a meeting with the TMBHO Governing Board to review major objectives, projects and activities of the TMBHO Advisory Board, and to listen to key goals and objectives of the Governing Board. Meetings shall be requested two (2) times per year, at a minimum. It is the responsibility of the TMBHO Advisory Board Chair to request these meetings.

**C. MEMBERSHIP**

1. Body: Each Advisory Board shall be composed of not less than nine (9) and not more than fifteen (15) members.
2. Representation:
  - a. Members shall be representative of the community and shall include a minimum of three (3) Mason County residents.
  - b. A minimum of 51% of the membership shall be persons, parents or legal guardians of persons, with lived experience and/or self-identified as a person in recovery from a behavioral health disorder.
  - c. At least one (1) member shall be a representative from law enforcement and/or the criminal justice system.
  - d. The Board shall have County representation (when the BHO is **not** a County operated BHO), but have no more than four (4) elected officials.
3. Service Providers: No persons either receiving funds by contract or employed by an organization in receipt of funds subject to the advice of the respective Board may be appointed to that Board. On a case by case basis members of the Board may be part of a subcontracted agency only with a special vote of the existing Board. If an Advisory Board member works for a subcontracted agency the member must:
  - a. Not be in a leadership position within their respective organization, or have decision-making authority on issues of budget or program design.
  - b. Recuse themselves from any vote of the Board that has to do with financing of any agency funded by the BHO; and
  - c. Publically announce the inherent conflict of interest in discussions of their agency's performance or quality improvement initiatives.
4. Tenure: Members of the Board shall serve a term that is (3) years in length, and may succeed themselves for not more than one (1) term, for a total of six (6) years. Exceptions to the tenure requirement may be granted with a vote and approval of the current Advisory Board on a case by case basis.
5. Appointment: Members of the Thurston Mason BHO Advisory Board are appointed by the Thurston Mason BHO Governing Board. When notified by TMBHO, the Thurston Mason BHO Governing Board will announce openings on the Board through a press release. Persons wishing to serve as a member of the Thurston Mason BHO Advisory Board will send a letter of interest to TMBHO for Advisory Board and staff review. Interested applicants may also

submit a letter of interest to their respective Board of County Commissioners. A representative from the respective Board of County Commissioners may then issue a letter of support on behalf of the applicant. This recommendation for appointment will be forwarded to the Thurston Mason BHO Governing Board. Final authority for such appointments will rest with the Thurston Mason BHO Governing Board.

6. Qualifications: Members shall be appointed on the basis of their ability to give guidance and direction to the legal, fiscal and program aspects of the respective program activities within Thurston and Mason Counties.
7. Compensation: Members of the Thurston Mason BHO Advisory Board shall not be compensated for the performance of their duties as members of a Board, but may be paid subsistence and mileage. Requests for and rates of such reimbursement shall be governed by current federal per diem policy.
8. Removal: Any Board member may be removed from his or her appointment by the Thurston Mason BHO Governing Board for good cause. The Board may recommend the removal of a member to the Thurston Mason BHO Governing Board by a majority vote of the Board at any regular or special meeting of the Board. Notice of the proposed removal recommendation must be sent to the member in writing one (1) week prior to the date of the meeting at which such a removal recommendation is to be voted upon. Such notice must state the cause of the proposed recommendation.
9. Leave of Absence: A member may request a leave of absence for up to one (1) year if the member is temporarily unable to attend Board meetings and/or participate in Board activities. The request, in writing, must state the length of leave, and it must be submitted to the Advisory Board. The Advisory Board's recommended action will be forwarded to the Thurston Mason BHO Governing Board. No more than two (2) members will be granted a leave of absence at the same time.

#### **D. PROCEDURES**

1. A quorum shall consist of fifty (50) percent plus one (1) of the active members of the Board and a quorum shall be required to transact business at any regular or special meeting.
2. Regular meetings shall be held once each month, a minimum of nine (9) months per year. Place and time of such meetings will be established by the Advisory Board and the public so informed.
3. Special meetings may be called at the request of the Chair, or at the request of at least half of the Board's membership.
4. The annual meeting shall be the regular meeting in the month of March, at which time shall be held the election of officers for the ensuing year.
5. More than three (3) consecutive unexcused absences from meetings shall cause the Board to recommend to the Thurston Mason BHO Governing Board that a member be removed from the Board.
6. Unexpired terms: The Thurston Mason BHO Governing Board shall be notified of persons who resign. Such vacancies shall be filled by the Thurston Mason BHO Governing Board for the remainder of the term. If appointee serves more than 18 months, it shall be considered a full term for the purposes of tenure.

7. Specification of officers, committees, and procedures is left to the discretion of the Board. Such terms to be written and approved by quorum vote.
8. Roberts Rules of Order shall be in effect in all cases not covered by the bylaws or governed by special procedures adopted by the Board.

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## **Board Member Responsibilities**

The Thurston Mason BHO Advisory Board is an advisory board whose role is to advise the Thurston Mason BHO Governing Board on matters relating to mental health and substance use disorder services in Thurston and Mason Counties. Each member is expected to represent all citizens of the two (2) counties in their recommendations and advice.

Each Board member has the responsibility to help make the group process work. It is important that each Board member know their specific role and how they fit into the overall Board's framework.

### **Per RCW and WAC guidelines, Advisory Boards are to have the following role:**

1. Review and comment on established State and/or Federal services goals/strategies for the development and implementation of publicly funded mental health and substance use disorder services under RCW 71.24, 70.96 and 70.96A through the Thurston Mason BHO. The BHO Advisory Board shall review and set policies to be presented to the Thurston Mason BHO Governing Board regarding services and Advisory Board values and priorities.
2. Forward comments to the Thurston Mason BHO Governing Board and elected officials responsible for the mental health and substance use disorder (BHO) program.
3. Develop and implement an outcome-based biennial plan in accordance with Washington State Department of Social and Health Services (DSHS) guidelines.
4. Periodically review the biennial plan and ensure resources are applied in support of its goals and outcomes.
5. Review Quality Assurance and Performance Improvement (QAPI) plans, Compliance Plans, Utilization Plans, and other administrative and structural plans, as mandated through State and Federal requirements or other external quality review organizations (EQRO).
6. Subcommittees can be formed as needed, either on a standing or an ad hoc basis. Additional meetings may be required for committees and during special planning times.

### **The responsibilities of each Board member are as follows:**

1. Participate in public meetings to solicit input from Thurston and Mason County citizens, service providers and consumers of mental health / substance use disorder services regarding needs and priorities for services.
2. Review and comment on applications for funding. Recommendations will be forwarded to Thurston Mason BHO staff and the Thurston Mason BHO Governing Board regarding applications' relationship to the values and priorities for services that are set by the Advisory Board.
3. Review and comment on the TMBHO plan for services.



4. Participate in Board meetings regularly. Notify staff in advance if unable to attend. More than three (3) consecutive unexcused absences from meetings shall cause the Board to recommend to the Commissioners that a member be removed from the Board.
5. Be familiar with the minutes of Board meetings and of your committee assignments.
6. Provide expertise in technical areas and/or offer community perspective.
7. Be familiar with the Board's mission, goals, and objectives.
8. Expect that all committee meetings are reported on at Board meetings.
9. Be respectful of all providers and remain objective.
10. Inquire if there is something you do not understand or want more information about.
11. Avoid the substance or appearance of conflict of interest.

**Specific responsibilities of the Chair/Vice Chair are as follows:**

1. A Board Chair and Vice Chair shall be elected on an annual basis during the March meeting. Nominations for Board Chair and Vice Chair shall come from the at-large membership of the Advisory Board. The Board Chair and Vice Chair shall serve a maximum one (1) year term and cannot serve two (2) terms consecutively. They may, however, serve as Chair or Vice Chair again after a one-year hiatus.
2. Develop and review Board agenda with agency staff
3. Facilitate Advisory Board meetings
4. Elicit information and promote discussion from members
5. Keeping meetings on track
6. Be impartial on issues
7. Request technical assistance from agency staff, as needed
8. In the absence of the Chair, the Vice Chair will facilitate the Advisory Board meeting(s)

**Specific responsibilities of the agency staff are as follows:**

1. Provide complete, concise and accurate information
2. Provide technical assistance, as requested
3. Provide objective analysis, opinions and recommendations
4. Meet with Chair/Vice Chair, as needed
5. Facilitate Board requests, as needed and appropriate
6. Facilitate Advisory Board subcommittees

7. Prepare and monitor contract and state and county subcontractors
8. Liaison between providers and Board: Program/contract/technical assistance
9. Present Advisory Board issues and recommendations to the Thurston Mason BHO Governing Board
10. Stay current on issues of mental health and substance use and update Advisory Board, as necessary
11. Facilitate membership recruitment, as needed

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## **Involvement of Government Agencies**

The following describes the flow of Thurston Mason BHO as it relates to this Advisory Board.

### **THURSTON MASON BHO GOVERNING STRUCTURE**

The Thurston Mason Behavioral Health Organization operates as a special, quasi-governmental entity with a dedicated Governing Board which holds all the risk for TMBHO operations. The Governing Board consists of three (3) elected County Commissioners; two (2) are drawn from the Thurston County Board of County Commissioners and one (1) from the Mason County Board of County Commissioners. The structure of the TMBHO Governing Board is subject to change through periodic rotations of elected officials on the Governing Board, and through the addition of additional Governing Board members at the discretion of the Board.

When the BHO Advisory Board has recommendations for the Governing Board, staff prepare and submit an agenda item summary of issues for the Board's consideration. Staff and Advisory Board members who are able to shall attend the Governing Board's meeting to present the agenda item.

The Thurston Mason BHO Advisory Board has statutory responsibilities for planning and monitoring. These responsibilities relate to advising the Thurston Mason BHO Governing Board concerning services in Thurston and Mason Counties and the allocation of funds to provide these services.

The Thurston Mason BHO Governing Board have authority to approve or change the Advisory Board's recommended actions. As the contracting body for the Thurston Mason BHO, the Thurston Mason BHO Governing Board have administrative responsibilities for the contracted services. These administrative responsibilities are carried out by the Thurston Mason BHO.

### **THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT**

The Thurston Mason BHO is currently housed within the Thurston County Public Health and Social Services Department (PHSS). PHSS is organized into three (3) major program divisions: Environmental Health, Personal Health, and Social Services. Programmatic planning, budget, contract development, monitoring and evaluation activities are carried out by each division at the program level. Historically mental health, substance use disorder and developmental disabilities services were housed within the Social Services Division at PHSS. Under the new BHO Governing Structure (formalized in 2015), this relationship is subject to change.

The Administrative Support Services Division carries out the department's administrative responsibilities and fiscal management. The Fiscal Department is responsible for billing the State, paying subcontractors and monitoring and reporting subcontractor and program expenditures and revenues against the annual budget.

### **THURSTON MASON COUNTY SOCIAL SERVICES DIVISION**

Social Services Mission Statement:

*The mission of the Social Services Division is to operate in a manner that promotes, through coordination, planning, development, implementation and monitoring, the most administratively efficient and service effective use of the resources it is allocated for the population of Thurston and Mason Counties in the service areas of Mental Health, Developmental Disabilities and Substance Use.*

Services will be developed to assist the individual to acquire the highest level of independent functioning possible. Constraints for optimum service development include legal, policy and fiscal

limitations, as well as constraints of time, knowledge and provider availability. An array of accessible, affordable and appropriate services will be promoted. Services should be developed to address, to the maximum extent, actual client need. Staffing and administrative organization will be developed in such a manner as to best carry out the responsibilities of the Division. Service and system development is to be done in a public process through established community Advisory Boards.

Goals - The PHSS Social Services Division assumes responsibilities for these services by:

- Maintaining citizen Advisory Board involvement in service planning and program funding recommendations
- Assuring efficient management and appropriate and affordable services provided by community agencies
- Maintaining working relationships with State and County funding source representatives
- Researching, developing and planning social services to maximize the capability to best meet the needs of the identified client population
- Analyzing and monitoring social services subcontractors to assure contract objectives are fully addressed
- Involvement in community coordination of pertinent services
- Ensuring Social Services Division staff have the opportunity to pursue further training and education in service areas

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## **Advisory Board Standing Committees**

The following standing committees exist for the Thurston Mason BHO Advisory Board:

### **ADVOCACY COMMITTEE**

**Purpose:**

Review legislative issues regarding mental health and substance use, and educate Legislators regarding these issues. The Committee shall work with the Governing Board regarding any educative or lobbying efforts taken as the Advisory Board. The Committee shall facilitate community education to promote prevention, recovery, resiliency and stigma-reduction.

**Duties:**

- Plan and execute an annual community behavioral health forum, promoting recovery and resiliency
- Participate in community forums and Legislative events, when appropriate
- Advocate and educate the Legislature on mental health and substance use

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## **Advisory Board Ad-Hoc Committees**

The following ad-hoc committees exist for the Thurston Mason BHO Advisory Board and can be called upon to meet should they be needed.

### **SERVICES & ADMINISTRATION COMMITTEE**

**Purpose:**

Provide executive functions and coordination for the Board. The committee, consisting of the members and Board chair, works directly with BHO staff to set the agenda for the Board meeting, as well as to discuss issues and possible direction for the BHO.

**Duties:**

- Review and comment on reports and documents related to the BHO implementation of the plan and budget for the Medicaid prepaid health plan and other community mental health and substance use services
- Review and comment on reports related to the monitoring of BHO contracts, monitoring/evaluation of contracted services and consumer/client concerns related to contracted services
- Review and comment on plans or reports related to BHO-sponsored training and/or community education/information activities; and
- Recruit and screen Advisory Board applicants; submit recommendations to the Board.

**FINANCE COMMITTEE**

**Purpose:**

To provide assistance and overview of the BHO budget and contracts

**Duties:**

- Understand funding issues and financial performance of the BHO
- Provide input into the annual RFP or contract/amendment development and review process
- Provide contract planning support to the BHO Manager or Administrator
- Review Mental Health / Substance Use Disorder Block Grant proposals, other supplemental funding opportunities, and BHO budget and contracts

**QUALITY IMPROVEMENT COMMITTEE**

**Purpose:**

To create, collaboratively with consumers and providers, a common understanding of quality and apply it to our regional mental health and substance use system

**Duties:**

- Define quality of service, what data is required and how to hold the system accountable in order to develop and approve a Quality Management Plan
- Define, establish and review measurable system indicators of quality assurance
- Routinely review measures and make recommendations to the full Advisory Board regarding outliers, additional measure, etc.

**THURSTON MASON BEHAVIORAL HEALTH ORGANIZATION  
ADVISORY BOARD MEMBER ROSTER**

Board Member Name	Term Appointment	Term Expiration
<b>Jenna Cook</b> 2008 Evergreen Park Dr #402 Olympia, WA 98502 Email: <a href="mailto:jenyb711@aol.com">jenyb711@aol.com</a>	Home: 360-870-9238 Work: 360-357-2582 September 2013	September 2016
<b>Mary Galvez</b> 6004 Sherwood Ln SE Lacey, WA 98513 Email: <a href="mailto:marion.galvez@providence.org">marion.galvez@providence.org</a>	Home: 360-456-2487 Work: 360-493-5652 July 2011	July 2017
<b>Collene Hawes</b> 3604 Humphrey St SE Olympia, WA 98501 Email: <a href="mailto:hawes.c@ghc.org">hawes.c@ghc.org</a>	Home: 360-754-4455 Work: 360-923-7201 March 2009	May 2015
<b>Cassey Jankowiak</b> 17513 Dusty Ct SW Tenino, WA 98589 Email: <a href="mailto:ndnina98@yahoo.com">ndnina98@yahoo.com</a>	Home: 360-264-2546 Cell: 253-225-8113 July 2012	July 2015
<b>Chris Johnson</b> 3320 Humphrey St SE Olympia, WA 98501 Email: <a href="mailto:mrmealman@msn.com">mrmealman@msn.com</a>	Home: 360-481-9447 Work: 360-725-6549 August 2014	August 2017
<b>Nancy Murphy</b> 4806 65 <sup>th</sup> Ave NE Olympia, WA 98516 Email: <a href="mailto:nkmurphy004@hotmail.com">nkmurphy004@hotmail.com</a>	Home: 459-5664 Work: October 2014	October 2017
<b>Lloyd Peterson</b> 1704 Medallion Loop NW Olympia, WA 98502 Email: <a href="mailto:ldpeterson59@gmail.com">ldpeterson59@gmail.com</a>	Home: 866-8226 October 2014	October 2017
<b>Gurinder Sodhi</b> 420 Sherman St SW Apt 419 Olympia, WA 98502 Email: <a href="mailto:sodhi1951@gmail.com">sodhi1951@gmail.com</a>	Cell: 360-789-7345 March 2008	March 2017
<b>Nancy Young</b> 12532 Waddell Creek Ct SW Olympia, WA 98512 Email: <a href="mailto:nyarnp@msn.com">nyarnp@msn.com</a>	Cell: 360-951-5067 Work: 360-493-7469 November 1998	November 2016
<b>Robert McClintock</b> 5136 Arlington Ct SE Tumwater, WA 98501 Email: <a href="mailto:bobmccstock15@gmail.com">bobmccstock15@gmail.com</a>	Home: 360-352-8000 Cell: 360-402-0276 March 2015	March 2018
<b>Board Chairperson: Cassey Jankowiak</b>		<b>Board Vice-Chair: Jenna Cook</b>
<b>Advocacy Committee</b> Chairperson: Gurinder Sodhi Members: Collene Hawes, Nancy Young, Cassey Jankowiak, Jenna Cook		<b>Services and Administration (S&amp;A) Committee</b> Chairperson: Cassey Jankowiak Members: All Advisory Board Members
<b>Governing Board</b>		<b>Thurston Mason BHO Staff to Advisory Board</b>

Walter (Bud) Blake, Thurston County Commissioner	Mark Freedman, TMBHO Administrator
Thurston Mason BHO Chair (Liaison to RSN Advisory Board)	Joe Avalos, TMBHO Chief Operating Officer
Terri Jeffreys, Mason County Commissioner	Larry Horne, TMRSN Quality Manager
Thurston Mason BHO Vice-Chair	Tina Gehrig, TMRSN Program Assistant
Cathy Wolfe, Thurston County Commissioner	

## Current Service Providers – Mental Health

Updated: May 2016

### OUTPATIENT MENTAL HEALTH SERVICE PROVIDERS:

#### Behavioral Health Resources (BHR)

##### *Thurston – Adult and Children*

3857 Martin Way East  
Olympia, WA 98506  
Telephone: 360-704-7170  
Toll-Free: 800-825-4820

##### *Mason – Adult and Children*

110 West “K” Street  
Shelton, WA 98584  
Telephone: 360-704-7170  
Toll-Free: 800-825-4820

#### *Brief Treatment and Medication*

4422 6<sup>th</sup> Avenue  
Olympia, WA 98506

#### Providence St. Peter Hospital

##### *Older Adults Only*

413 Lilly Road NE  
Olympia, WA 98506  
Telephone: 360-493-7060

#### SeaMar Behavioral Health

*Thurston County (Primarily for clients who are also followed by a primary physician at SeaMar. SeaMar also specializes in services to the Hispanic population)*

409 Custer Way, Suite D  
Tumwater, WA 98501  
Telephone: 360-704-7590

#### Catholic Community Services

##### *Children’s Wraparound Initiative and Wraparound with Intensive Services*

148 NW Rogers Street  
Olympia, WA 98502  
Telephone: 360-878-8248

#### Capital Recovery Center

##### *Peer Support and PATH*

1000 Cherry St SE  
Olympia, WA 98506  
Telephone: 360-357-2582

Community Youth Services  
*Multi-Systemic Therapy and Transitional Age Youth*  
711 State Ave NE  
Olympia, WA 98506  
Telephone: 360-943-0780

**INPATIENT/CRISIS SERVICE PROVIDERS:**

TMBHO provides psychiatric inpatient care through:

- Local Community Hospitals (primarily Providence St. Peters Hospital for Voluntary admissions)
- The Evaluation and Treatment Facility (E&T) which is owned by Thurston County, but operated by BHR. The E&T provides: Crisis Services, Triage, Crisis Stabilization, Evaluation and Treatment services, Involuntary Commitment Evaluations (DMHPs) and Crisis Response. Also located at the facility is the Court for Involuntary Treatment.

Evaluation and Treatment (E&T) Facility – Operated by BHR  
3436 Mary Elder Road NE  
Olympia, WA 98506  
Telephone: 360-528-2590

Crisis Resolution Services – for DMHPs and Crisis Response  
Telephone: 360-754-1338 / 800-270-0041

## Current Service Providers – Substance Use

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Updated: May 2016

**OUTPATIENT SERVICE PROVIDERS:**

Alternative Professional Counseling  
(Jail services)  
203 4<sup>th</sup> Ave E. Suite 301  
Olympia, WA 98501  
Telephone: 360-357-7986

Educational Service District 113  
True North Student Assistance and Treatment Services  
*Youth Co-occurring services in Thurston and Mason County schools*  
6005 Tyee Dr. SW  
Tumwater, WA 98512  
Telephone: 360-464-6870

Northwest Resources  
*Adult*  
2708 Westmoor Court SW  
Olympia, WA 98502  
Telephone: 360-943-8810

Mason County  
235 S. 3<sup>rd</sup>  
Shelton, WA 98584  
Telephone: 360-426-0890



3773-A Martin Way, Suite 105  
Olympia, WA 98506  
Telephone: 360-688-7312

Providence St. Peter Chemical Dependency Center

*Youth/Adult*

4800 College Street SE  
Lacey, WA 98503  
Telephone: 360-456-7575 / 1-800-332-0465

SeaMar Community Health Center

*Adult (English and Española)*

6334 Littlerock Road SW  
Tumwater, WA 98502  
Telephone: 360-704-7590

**INTENSIVE CASE MANAGEMENT:**

Northwest Resources

2708 Westmoor Court SW  
Olympia, WA 98502  
Telephone: 360-943-8810 / 360-791-0263

**OPIATE (METHADONE) SERVICES:**

Evergreen Treatment Services – South Sound Clinic

6700 Martin Way East, Suite 117  
Olympia, WA 98516  
Telephone: 360-413-6910 / 1-888-764-7243

**PARENTING CLASSES:**

Family Education & Support Services

1202 Black Lake Blvd, Suite B  
Olympia, WA 98502  
Telephone: 360-754-7629 / 1-877-813-2828

**PREGNANT WOMEN AND PARENTING OUTPATIENT SERVICES:**

BHR Recovery Services

6128 Capital Blvd SE  
Tumwater, WA 98501  
Telephone: 360-704-7170 / 1-800-825-4820

Shelton

110 West K Street  
Shelton, WA 98584  
Telephone: 360-426-1696

**24-HOUR PHONE INFORMATION / REFERRAL:**

Crisis Clinic of Thurston and Mason Counties

Main Line: 360-586-2800  
Youth Help Line: 360-586-2777  
North Mason County: 1-800-627-2211

## Definitions

<b>Access to Care Standards: (MH)</b>	A set of standards published by DBHR that defines the eligibility requirements for initial authorization of outpatient services for Medicaid and Non-Medicaid adults, older adults, and children. The guidelines define the minimum eligibility criteria that can be applied, and are not intended to be applied as continuing stay criteria. The Standards provide guidelines on the goals and periods of authorization, a list of covered diagnoses, identifying functional impairments within life domains, supports and environment, and a minimum modality set for treatment services identified at two levels - brief intervention and community support. The most current Access to Care Standards was created in 2015.
<b>ACHS: (MH and SUD)</b>	Association of County Human Services. This organization is an affiliate of Washington Association of Counties. ACHS represents chemical dependency, mental health, and developmental disability programs at the statewide level.
<b>Accountable Responsibility: (MH and SUD)</b>	Refers to the contractor for achieving defined outcomes, goals and contract obligations.
<b>Action: (MH)</b>	In the context of mental health determinations for services means: <ul style="list-style-type: none"> <li>• The denial or limited authorization of a requested service, including the type or level of service.</li> <li>• The reduction, suspension, or termination of a previously authorized service.</li> <li>• The denial, in whole or in part, of payment for a service.</li> <li>• The failure to provide services in a timely manner, as defined by the state.</li> <li>• The failure of a PIHP to act within the timeframes provided in section 42 CFR 408(b).</li> </ul>
<b>Administrative Cost: (MH and SUD)</b>	This means costs for the administration of a Contract for the general operation of the public mental health or substance use system. These activities cannot be identified with a specific direct service or direct services support function as defined in the Fiscal supplemental instructions.
<b>Advance Directive: (MH)</b>	A written instruction, such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care (including mental health care) when the individual is incapacitated.
<b>Alcohol &amp; Other Drug Use Disorder (SUD)</b>	The use of alcohol or other drugs that interfere with the mental or physical well-being of users.
<b>Alcohol/Drug 24 Hour Help Line (SUD)</b>	A statewide crisis telephone service that provides education, intervention assistance and referral
<b>Annual Revenue: (MH and SUD)</b>	All revenue received by the Contractor for a recognized period of time).
<b>Appeal: (MH)</b>	A request for review of an action as "action" is defined above.
<b>ASAM American Society of Addiction Medicine: (SUD)</b>	. A national medical specialty society dedicated to educating physicians and improving the treatment of individuals suffering from alcoholism and other addictions. ASAM has published the Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions – 3 <sup>rd</sup> version

<b>Capitation Payment: (MH and SUD)</b>	A payment the Department of Social and Health Services (DSHS) makes monthly to a PIHP on behalf of each recipient enrolled under a Contract for the provision of behavioral health services under the State Medicaid Plan. The Health and Recovery Service Administration (HRSA) makes the payment regardless of whether the particular recipient receives the services during the period covered by the payment.
<b>CDDA: (SUD)</b>	Chemical Dependent Disposition Alternative. For those youth subject to 15-36 weeks of confinement and who have not committed any violent or sexual offense and are appropriate for inpatient or outpatient.
<b>CFR: (MH and SUD)</b>	Code of Federal Regulations.
<b>Criminal Justice Treatment Account (CJAT)</b>	A state funding stream administered through the CJAT panel for the purpose of funding treatment services for those involved in the criminal justice system.
<b>Children's Long Term Inpatient Programs ("CLIP"): (MH)</b>	The state appointed authority for policy and clinical decision-making regarding admission to and discharge from Children's Long Term Inpatient Programs.
<b>Child Study and Treatment Center ("CSTC"): (MH)</b>	The Department of Social and Health Services, Health and Recovery Service Administration (HRSA) child psychiatric hospital.
<b>Citizens Advisory Council on Alcoholism &amp; Drug Addiction: (SUD)</b>	A group of volunteer advocates who advise Division of Behavioral Health and Recovery (DBHR) on rules, policies, and programs that will benefit individuals and their families.
<b>Client: (MH and SUD)</b>	A person who has applied for, is eligible for or who has received mental health or substance use disorder services. For a child under the age of 13, or for a child age 13 or older whose parents or legal representatives are involved in the treatment plan, the definition of Client includes parents or legal representatives.
<b>Clinical Management Team: (MH)</b>	A team of clinical professionals that includes the Evaluation and Treatment Facility Medical Director, Program Manager and a Psychiatric Registered Nurse.
<b>CODIAC: (MH and SUD)</b>	Co-Occurring Disorders Interagency Committee. An advisory committee made up of representatives from Behavioral Health Organizations (BHOs) and treatment providers.
<b>Community Mental Health Agency ("CMHA"): (MH and SUD)</b>	A Community Mental Health Agency that is licensed by the State of Washington to provide mental health and/or SUD services and subcontracted to provide services.
<b>Contractor: (MH and SUD)</b>	The Contractor, its employees, agents and subcontractors.
<b>Counselor – CDP and CDPT: (SUD)</b>	Chemical Dependency Professional (Chemical Dependency Professional [in] Training. Department of Health certification.
<b>CPTS: (SUD)</b>	Community Prevention Training System. Provides financial support to counties and tribes to enhance skills and training.
<b>Cost Effective: (MH and SUD)</b>	The benefits and harms relative to costs represent an economically efficient use of resources. Cost effective does not necessarily mean lowest price.
<b>Critical Treatment Junctures Crisis: (MH)</b>	Evaluation/assessment, treatment planning, treatment review/renewal, crisis planning, and placement in residential or restrictive settings and discharge planning, or any period of decompensation or behavioral escalation.

<b>Cultural Competence: (MH and SUD)</b>	A set of congruent behaviors, attitudes, and policies that come together in a system or agency and enable that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates at all levels the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, expansion of cultural knowledge and adaptation of services to meet culturally unique needs.
<b>Deliverable: (MH and SUD)</b>	Items that are required for submission to the Thurston Mason BHO to satisfy the work requirements of an agreement and that are due by a particular date or on a regularly occurring schedule.
<b>Denial: (MH and SUD)</b>	The decision by a PIHP, or their formal designee, not to authorize a covered Medicaid mental health and/or substance use disorder service(s) that have been requested by a provider on behalf of an eligible Medicaid Client. It is also a denial if an intake is not provided upon request by a Medicaid Client.
<b>Designated Mental Health Professional: (MH)</b>	A mental health professional designated by the appropriate BHO to perform the duties of the Involuntary Treatment Acts. RCW 71.05.020(6) and RCW 71.34.020(4)
<b>Detoxification: (SUD)</b>	Assistance for a person who is intoxicated or incapacitated by alcohol or other drugs in withdrawing.
<b>Disaster Outreach: (MH)</b>	Persons contacted in their place of residence or in non-traditional settings for the purpose of: 1) assessing their mental health, or social functioning following a disaster 2) or increasing their utilization of human services and resources. There are two basic approaches to outreach: 1) mobile (face-to-face); 2) community settings (e.g. temporary shelters, disaster assistance sites, disaster information forums). Regardless of the approach, the outreach process has five important components: <ul style="list-style-type: none"> <li>• Locating persons in need of disaster relief services;</li> <li>• Assessing their needs;</li> <li>• Engaging or linking persons to an appropriate level of support or disaster relief services;</li> <li>• Providing follow-up mental health services when clinically indicated.</li> <li>• Disaster outreach can be performed by trained volunteers, peers and/or persons hired under a federal Crisis Counseling Grant. These persons should be trained in disaster crisis outreach which is different than traditional mental health crisis intervention.</li> </ul>
<b>Discharge Planning: (MH and SUD)</b>	The process of developing a care regimen for a mental health or substance use disorder client leaving inpatient care, including appropriate residential treatment/housing supports and community support services prior to the client leaving inpatient care.
<b>Division of Behavioral Health and Recovery (“DBHR”): (MH and SUD)</b>	The Division of Behavioral Health and Recovery of the Washington State Department of Social and Health Services (“DSHS”). DSHS has designed DBHR as the state mental health and substance use authority to administer the state and Medicaid funded mental health and substance use programs authorized by RCW chapters 71.05, 71.24, and 71.34. Formerly the Mental Health Division (“MHD”).
<b>DUI (driving under the influence) Assessments: (SUD)</b>	Diagnostic services requested by the courts to determine a client’s involvement with alcohol and other drugs and to recommend a course of action.
<b>Early Periodic Screening Diagnosis and Treatment (“EPSDT”): (MH/SUD)</b>	Early Periodic Screening Diagnosis and Treatment program under Title XIX of the Social Security Act as amended for children who have not reached their 21 <sup>st</sup> birthday.

<b>Elective Inpatient Admission: (MH)</b>	A clinically appropriate voluntary preplanned admission occurring prior to the need for an emergent admission.
<b>Emergent Care: (MH)</b>	Services provided for a person, that, if not provided, would likely result in the need for crisis intervention or hospital evaluation due to concerns of potential danger to self, others, or grave disability according to RCW 71.05.
<b>Emergent Inpatient Admission: (MH)</b>	Voluntary admission to inpatient psychiatric care when an individual meets the criteria of the Involuntary Treatment Act (RCW 71.05 or RCW 71.34) agree to care, or who have eligible diagnosis, and whose health and bodily functions are in serious and imminent jeopardy due to medication or chemical reactions.
<b>Emerging Best Practice: (MH and SUD)</b>	A practice that presents, based on preliminary information, potential for becoming a research-based or consensus-based practice. (See also Promising Practice).
<b>Enrollee: (MH and SUD)</b>	A Medicaid recipient who is enrolled in a Pre-paid Inpatient Health Plan.
<b>Evidence Based Practice (EBP): (MH and SUD)</b>	A program or practice that has had multiple site random controlled trials across heterogeneous populations demonstrating that the program or practice is effective for the population.
<b>Fair Hearing: (MH and SUD)</b>	A hearing before the Washington State Office of Administrative Hearings.
<b>Family: (MH and SUD)</b>	<ul style="list-style-type: none"> <li>For adult Clients, family means those the Client defines as family or those appointed/assigned (e.g., guardians, siblings, caregivers, and significant others) to the Client.</li> </ul> <p>For children, family means a child's biological parents, adoptive parents, foster parents, guardian, legal custodian authorized pursuant to Title 26 RCW, a relative with whom a child has been placed by the Department of Social and Health Services, or a tribe.</p>
<b>Family Hardship Program: (SUD)</b>	Assists families or youth who are residents of DAS A contracted inpatient facilities, and who are indigent or low income, with transportation costs for participation in treatment activities.
<b>Fee for Service: (MH and SUD)</b>	Paying for services based on actual per client utilization of services. There can be different rates set for the different funds governed by the purchase of service concept.
<b>Grievance: (MH and SUD)</b>	An expression of dissatisfaction about any matter other than an action. Possible subjects for grievances include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the client's rights (42 CFR 438.400(b)).
<b>Healthy Youth Survey: (SUD)</b>	A statewide survey assessing health-related attitudes and behaviors of Washington's students in grades 6, 8, 10 and 12.

<b>High Risk: (MH)</b>	<ul style="list-style-type: none"> <li>• Persons who are not Medicaid eligible but are determined to meet the criteria for "state priority populations" as defined in RCW 71.05, 71.24, 71.34 or any successors,</li> <li>• Persons who meet the Federal Poverty Level, with special attention to children, older adults and minorities shall be served based on available state only funding.</li> <li>• The level of need, risk for inpatient and jail (due to mental illness) and severity of illness shall determine the order of precedence for utilizing available resources for serving those without Medicaid.</li> <li>• Those with the highest priority shall be at imminent risk of psychiatric hospitalization or jail due to their disorder or just released.</li> <li>• Those individuals who are on a "spenddown", who can achieve Medicaid Client status within the first month of their spend down period, shall be served based on available resources through State Only funding to assist the individual prior to achieving their spenddown level.</li> </ul>
<b>Incapacitated by Alcohol: (SUD)</b>	A person, as a result of alcohol use, has his/her judgment so impaired that he/she is incapable of making a rational decision with respect to need for treatment and constitutes a danger to themselves, to any other person, or to property.
<b>Indirect Costs: (MH and SUD)</b>	Costs incurred for activities other than those that qualify as direct costs. Indirect costs include, but are not limited to: activities, staff, tools, depreciation and equipment, transportation, education or training related to financial, facilities, or data management, quality management, resource management (except for direct costs incurred pursuant to RCW 71.24.025), and BHO or subcontractor administration. Indirect costs do not include capital items or unexpended reserves.
<b>Inpatient Services Coordinator (ISC): (MH)</b>	A mental health professional (WAC 388-865-0150) employed by or contracted with the BHO to certify inpatient hospital care, respite care for children, partial hospitalization, and/or acute diversion services. A children's mental health specialist shall be employed by or contracted by the BHO to certify inpatient hospital care, acute diversion and respite services for children under 18 years of age.
<b>Intensive Inpatient: (SUD)</b>	A concentrated program in a residential setting including chemical dependency education, individual and group counseling, and activities for detoxified alcoholics and addicts and their families.
<b>Intensive Outpatient: (SUD)</b>	A concentrated, non-residential program of individual and group counseling, education, and activities for detoxified alcoholics and addicts and their families, and is based on ASAM Criteria.
<b>Intoxication: (SUD)</b>	Acute alcohol or other drug poisoning or temporary impairment of a person's mental or physical functioning caused by alcohol and/or drugs in the system.
<b>ITA Involuntary Commitment - CD: (SUD)</b>	A process that allows a designated chemical dependency specialist to investigate and evaluate facts alleging that an individual is incapacitated as a result of chemical dependency.
<b>Involuntary Admission: (MH)</b>	An admission that occurs for initial detention and/or involuntary commitment in accord with RCW 71.34 or RCW 71.05.
<b>Large Rural Area: (MH and SUD)</b>	Areas with a population density of less than 20 people per square miles.
<b>Medicaid Funds: (MH and SUD)</b>	Funds provided by CMS (Centers for Medicare & Medical Services) Authority under Title XIX of the Social Security Act.

<b>Medical Necessity (MH)</b>	<p>A requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the recipient that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting service. "Course of treatment" may include mere observation or, where appropriate no treatment at all.</p> <p>Additionally, the individual must be determined to have a mental illness covered by Washington State for public mental health services. The individual's impairment(s) and corresponding need(s) must be the result of a mental illness. The intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness. The individual is expected to benefit from the intervention. Any other formal or informal system or support cannot address the individual's unmet need.</p>
<b>Mental Health Care Provider ("MHCP"): (MH)</b>	The individual with primary responsibility for implementing an individualized service plan for mental health rehabilitation services.
<b>Mental Health Professional: (MHP)</b>	<ul style="list-style-type: none"> <li>• A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapters 71.05 and 71.34 RCW.</li> <li>• A person with a master's degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional.</li> <li>• A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986.</li> <li>• A person who had an approved waiver to perform the duties of a mental health professional that was requested by the Regional Support Network and granted by the Mental Health Division prior to July 1, 2001; or</li> <li>• A person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the Mental Health Division consistent with WAC 388-865-0265.</li> </ul>
<b>Network Provider: (MH and SUD)</b>	A Community Mental Health Agency, Professional Service, or other identified service such as a Clubhouse that is contracted directly with Thurston Mason BHO for the delivery, or support of delivery, of mental health and substance use disorder services in the Provider Network.
<b>Opiate Treatment: (SUD)</b>	Provision of treatment services and medication management (Methadone, Suboxone, etc.) to individuals addicted to opiates.
<b>Oxford House: (SUD)</b>	Peer run homes for clean and sober adults in recovery.
<b>Parity: (MH and SUD)</b>	The equivalent number of minority service recipients receiving medically necessary integrated community support mental health and substance use disorder services.

<b>Patient Days of Care: (MH)</b>	Includes all voluntary patients and involuntarily committed patients under Chapter 71.05 RCW, regardless of where in the State Hospital they reside. Patients who are committed to the State Hospital under 10.77 RCW are not included in the Patient Days of Care. Patients who are committed under Chapter 375, Laws of 2007 (ESSB 5533), Section 5 (misdemeanor procedure) by municipal or district courts after failed competency restoration and dismissal of misdemeanor charges are not counted in the Patient Days of Care until a petition for 90 days of civil commitment under Chapter 71.05 RCW has been filed in court. Patients who are committed under Chapter Ch. 375, Laws of 2007 (ESSB 5533), Section 4 (felony procedure) by a superior court after failed competency restoration and dismissal of felony charges are not counted in the Patient Days of Care until the patient is civilly committed under Chapter 71.05 RCW.
<b>Prevention: (SUD)</b>	The objective of prevention is to educate and protect the individual in order to avoid alcohol, other drug, and tobacco related problems prior to signs or symptoms of problems. It includes those activities, programs, and practices that operate on a fundamentally non-residential basis to alter the set of opportunities, risks and expectations surrounding individuals in society.
<b>Protocols: (MH and SUD)</b>	BHO approved service provision policies and procedures that meet the requirements of our Contract, the State integrated Contract and the Manual.
<b>ProviderOne: (MH and SUD)</b>	The Department's (DSHS) Medicaid Management Information Payment Processing System.
<b>Quality Assurance: (MH and SUD)</b>	A focus on compliance to minimum requirements (e.g. rules, regulations, and Contract terms) as well as reasonably expected levels of performance, quality, and practice.
<b>Quality Improvement: (MH and SUD)</b>	A focus on activities to improve performance above minimum standards/ reasonably expected levels of performance, quality, and practice.
<b>Quality Strategy: (MH and SUD)</b>	An overarching system and/or process whereby quality assurance and quality improvement activities are incorporated and infused into all aspects of an organization or system's operations
<b>Ready for Discharge: (MH)</b>	A psychiatrist has determined the client is clinically ready for discharge from the state hospital and that necessary assessments have been completed and the required financial application for placement has been completed and determination made.
<b>RCW: (MH and SUD)</b>	Revised Code of Washington. All references to RCW chapters or sections shall include any successor, amended, or replacement statute.
<b>Recovery House: (SUD)</b>	A program of care and treatment with social, vocational and recreational activities to aid in patient adjustment to abstinence and to aid in job training, employment, or other types of community activities.
<b>Recovery: (MH and SUD)</b>	The process in which people are able to live, work, learn, and participate fully in their communities.
<b>Reduction: (MH)</b>	The decision by a PIHP to decrease a previously authorized covered Medicaid mental health service described in the Level of Care Guidelines. The decision by a Community Mental Health Agency to decrease or change a covered service in the Individualized Service Plan is not a reduction.
<b>Resilience: (MH and SUD)</b>	The personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives.



<b>Risk/Protective Factors: (MH and SUD)</b>	Prevention programs and preventative strategies designed to reduce those factors that decrease likelihood that a problem behavior will happen – “risk” – while enhancing factors that buffer individuals from the risk factors in their lives – “protective.”
<b>RFP and RFQ: (MH and SUD)</b>	Request for Proposal and Request for Qualifications. A document prepared by funding agencies (BHO) which communicates either a desire to fulfill a pre-determined need in the community (RFP), or is asking the community to propose a new program in the community (RFQ). Both are subject to BHO bidding processes and rules.
<b>Routine Services: (MH)</b>	Services that are designed to alleviate symptoms, to stabilize, sustain and facilitate progress toward mental health. These services do not meet the definition of urgent or emergent care.
<b>Rural Area: (MH and SUD)</b>	Areas with a population density of at least 20 and less than 500 people per square mile.
<b>Service Area: (MH and SUD)</b>	The geographic area covered by an Agreement for which the Contractor is responsible.
<b>Subcontract: (MH and SUD)</b>	A separate Contract between the Contractor and an individual or entity (“Subcontractor”) to perform all or a portion of the duties and obligations which the Contractor is obligated to perform pursuant to an Agreement.
<b>Suspension: (MH)</b>	The decision by a PIHP, or their formal designee, to temporarily stop previously authorized covered Medicaid mental health services described in their Level of Care Guidelines. The decision by a Community Mental Health Agency to temporarily stop or change a covered service in the Individualized Service Plan is not a suspension.
<b>Synar Regulation</b>	Focuses on reducing youth access to tobacco products through retail outlets.
<b>TARGET Treatment and Assessment Reports Generation Tool. : (SUD)</b>	A data system that tracks clients served through publically funded substance abuse treatment programs.
<b>Temporary Assistance to Needy Families (TANIF): (MH and SUD)</b>	Treatment services for mental health and/or chemically dependent TANF clients to help them become self-sufficient by overcoming barriers to employment. As parents with children, TANF clients are a priority population for the provision of chemically dependency treatment services.
<b>Termination: (MH and SUD)</b>	The decision by a PIHP, or their formal designee, to stop previously authorized covered Medicaid mental health or substance use disorder services described in their Level of Care Guidelines. The decision by a Community Mental Health Agency to stop or change a covered service in the Individualized Service Plan is not a termination.
<b>Title XIX: (MH and SUD)</b>	Provides for treatment services as an allowable Medicaid service through the Medical Assistance Administration.
<b>Urban Area: (MH and SUD)</b>	Areas that have a population density of at least 500 people per square mile.
<b>Urgent Care: (MH)</b>	A service to be provided to persons approaching a mental health crisis. If services are not received within 24 hours of the request, the person’s situation is likely to deteriorate to the point that emergent care is necessary.
<b>WAC: (MH and SUD)</b>	The Washington Administrative Code. All references to WAC chapters or sections shall include any successor, amended, or replacement regulation.

## Acronyms

<b>A</b>			
<b>AAA</b>	Area Agency on Aging	<b>AAFS</b>	Adult Aging Field Services
<b>AARC</b>	Adult Residential Rehabilitation Facility	<b>ACHS</b>	Association of County Human Services of WA
<b>ADATSA</b>	Alcohol & Drug Abuse Treatment Support Act	<b>ADSA</b>	Aging and Disability Services Administration
<b>AFH</b>	Adult Family Home	<b>AIS</b>	Agenda Item Summary
<b>AMI</b>	Alliance for the Mentally Ill	<b>APS</b>	Adult Protective Services
<b>B</b>			
<b>BAC</b>	Blood Alcohol Content	<b>BARS</b>	Budget, Accounting and Reporting System
<b>BBA</b>	Balanced Budget Act	<b>BHP</b>	Basic Health Plan
<b>BHR</b>	Behavioral Health Resources	<b>Biennium</b>	Two-year Contract Period
<b>BOCC</b>	Board of County Commissioners	<b>BHO</b>	Behavioral Health Organization
<b>C</b>			
<b>CA</b>	Children's Administration	<b>CAP</b>	Corrective Action Plan
<b>CAPT</b>	Center for Applied Prevention Technology	<b>CARF</b>	The Rehabilitation Accreditation Commission
<b>CCCT</b>	Children's Community Consensus Team	<b>CCF</b>	Congregate Care Facility
<b>CCSNW</b>	Catholic Community Services Northwest	<b>CD</b>	Chemical Dependency
<b>CFR</b>	Code of Federal Regulations	<b>CHEF</b>	Comprehensive Health Education Foundation
<b>CHIP</b>	Children's Health Insurance Plan	<b>CLIP</b>	Children's Long-Term Inpatient Program
<b>CM</b>	Case Manager / Case Management	<b>CMASA</b>	Community Mobilization Against Substance Abuse
<b>CMHA</b>	Community Mental Health Agency	<b>CMHP</b>	Community Mental Health Provider
<b>CMI</b>	Chronically Mentally Ill	<b>CMLS</b>	Case Manager Locator System
<b>CMS</b>	Center for Medicare & Medicaid Services	<b>CODP</b>	Consumer Operated Demonstration Project
<b>CPS</b>	Child Protective Services	<b>CRC</b>	Capital Recovery Center
<b>CRS</b>	Crisis Resolution Services	<b>CSAP</b>	Center for Substance Abuse Prevention
<b>CSAT</b>	Center for Substance Abuse Treatment	<b>CSS</b>	Community Support Services
<b>CSTC</b>	Child Study and Treatment Center	<b>CSTU</b>	Crisis Stabilization and Transition Unit (E&T)
<b>CYS</b>	Community Youth Services		
<b>D</b>			
<b>DASA</b>	Division of Alcohol and Substance Abuse	<b>DBHR</b>	Division of Behavioral Health & Recovery
<b>DCFS</b>	Department of Children and Family Services	<b>DDD</b>	Division of Developmental Disabilities
<b>DD</b>	Developmentally Disabled	<b>DMHP</b>	Designated Mental Health Professionals
<b>DMIO</b>	Dangerous Mentally Ill Offender	<b>DOC</b>	Department of Corrections
<b>DOH</b>	Department of Health	<b>DSHS</b>	Department of Social & Health Services
<b>DSM-5</b>	Diagnostic and Statistical Manual, Version 5	<b>DVR</b>	Division of Vocational Rehabilitation
<b>E</b>			
<b>E&amp;T</b>	Evaluation and Treatment Facility	<b>EBP</b>	Evidence Based Practice
<b>ECS</b>	Expanded Community Services	<b>EMAC</b>	Ethnic Minorities Advisory Committee
<b>EPSDT</b>	Early & Periodic Screening, Diagnosis and Testing	<b>EQRO</b>	External Quality Review Organization
<b>ERS</b>	Ecology Rating Scale	<b>ESD</b>	Educational Service District
<b>F</b>			
<b>FAE</b>	Fetal Alcohol Effect	<b>FAS</b>	Fetal Alcohol Syndrome
<b>FBG</b>	Federal Block Grant	<b>FFCMH</b>	Federation of Families for Children's Mental Health

<b>FFP</b>	Federal Financial Participation	<b>FFS</b>	Fee for Service
<b>FRS</b>	Family Reconciliation Services	<b>FTE</b>	Full Time Equivalent
<b>FY</b>	Fiscal Year		
<b>G</b>			
<b>GAF</b>	Global Assessment of Functioning	<b>GAU</b>	General Assistance Unemployable (Disability Lifeline)
<b>GAX</b>	General Assistance (assumed)	<b>GF</b>	General Funds
<b>GIA</b>	Grant In Aid (State Funding)	<b>GT&amp;C</b>	General Terms and Conditions
<b>H</b>			
<b>HCFA</b>	Health Care Finance Administration	<b>HCS</b>	Home and Community Services
<b>HIPAA</b>	Health Insurance Portability & Accountability Act	<b>HRSA</b>	Health and Recovery Services Administration
<b>I</b>			
<b>IDU/IVDU</b>	Injecting/Intravenous Drug User	<b>IP</b>	Inpatient
<b>ISC</b>	Inpatient Service Coordinator	<b>ISDEC</b>	Information Systems Data Evaluation Committee
<b>ITA</b>	Involuntary Treatment Act	<b>ITCP</b>	Individualized and Tailored Care Plan
<b>J</b>			
<b>JCAHO</b>	Joint Commission on Accreditation of Health Care Programs	<b>JLARC</b>	Joint Legislation Administrative Review Committee
<b>JRA</b>	Juvenile Rehabilitation Agency		
<b>L</b>			
<b>LEIE</b>	List of Excluded Individuals and Entities	<b>LEP</b>	Limited English Proficient
<b>LOC</b>	Level of Care	<b>LOS</b>	Length of Service
<b>LRA</b>	Least Restrictive Alternative		
<b>M</b>			
<b>M&amp;M</b>	Medicare & Medicaid	<b>MSE</b>	Mental Status Exam
<b>MH</b>	Mental Health	<b>MAA</b>	Medical Assistance Administration
<b>MHAB</b>	Mental Health Advisory Board	<b>MHBG</b>	Mental Health Block Grant
<b>MHCP</b>	Mental Health Care Provider	<b>MHP</b>	Mental Health Professional
<b>MHSIP</b>	Mental Health Statistics Improvement Project	<b>MICA</b>	Mentally Ill Chemically Addicted
<b>MIJOP</b>	Mentally Ill Juvenile Offender Project	<b>MIO</b>	Mentally Ill Offender Project
<b>MIS</b>	Management Information System	<b>MOE</b>	Maintenance of Effort
<b>MOS</b>	Mobile Outreach Services	<b>MPA</b>	Medicaid Purchasing Administration
<b>N</b>			
<b>NAMI</b>	National Alliance for the Mentally Ill	<b>NIMH</b>	National Institutes for Mental Health
<b>NMHA</b>	National Mental Health Association		
<b>O</b>			
<b>OC</b>	Operational Committee	<b>OP</b>	Outpatient
<b>P</b>			
<b>PAR</b>	Program Activity Report (Prevention Reporting)	<b>PATH</b>	Program for Assistance in Transition from Homelessness
<b>PBPG</b>	Performance Based Partnership Grant	<b>PCP</b>	Primary Care Provider
<b>PHI</b>	Personal Health Information	<b>PIHP</b>	Prepaid Inpatient Health Plan
<b>PIP</b>	Program (Process) Improvement Plan	<b>PPPW</b>	Pregnant, Postpartum, Parenting Women
<b>PSPH</b>	Providence Saint Peter Hospital		
<b>Q</b>			
<b>QA</b>	Quality Assurance	<b>QAPI</b>	Quality Assurance and Performance Improvement
<b>QI</b>	Quality Improvement	<b>QIC</b>	Quality Improvement Committee
<b>QIP</b>	Quality Improvement Program	<b>QIT</b>	Quality Improvement Team
<b>QM</b>	Quality Management	<b>QMB</b>	Qualified Medical Beneficiary

<b>QMOC</b>	Quality Management & Oversight Committee	<b>QRT</b>	Quality Review Team
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<b>R</b>			
<b>RCW</b>	Revised Code of Washington	<b>RFI</b>	Request for Information
<b>RFP</b>	Request for Proposal	<b>RFQ</b>	Request for Qualifications
<b>RM</b>	Resource Management	<b>RMSUT</b>	Resource Management Services Utilization Team
<b>S</b>			
<b>SAPT</b>	Substance Abuse Prevention / Treatment Block Grant	<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SCHIP</b>	State Children's Health Insurance Plan	<b>SED</b>	Seriously Emotionally Disturbed (children)
<b>SILP</b>	Semi Independent Living Program	<b>SMM</b>	State Medicaid Manual
<b>SPMI</b>	Severe and Persistently Mentally Ill	<b>SSA</b>	Social Security Act
<b>SSH</b>	Standard Service Hours	<b>SSI</b>	Supplemental Security Income
<b>SSN</b>	Social Security Number	<b>SUD</b>	Substance Use Disorder
<b>SysOp</b>	Systems Operator Committee		
<b>T</b>			
<b>TANF</b>	Temporary Assistance to Needy Families	<b>TBI</b>	Traumatic Brain Injury
<b>TX</b>	Treatment	<b>TXIX</b>	Title 19, or T19 (Medicaid)
<b>U</b>			
<b>UM</b>	Utilization Management	<b>UPL</b>	Upper Payment Lid
<b>USC</b>	United States Code		
<b>W</b>			
<b>WAC</b>	Washington Administrative Code	<b>WA/PACT</b>	Washington Program for Assertive Community Treatment
<b>WASI</b>	Washington Alcohol Screening Inventory	<b>WPAS</b>	Washington Protective Advocacy Service
<b>WSAC</b>	Washington State Association of Counties	<b>WSCH</b>	Washington State Coalition for the Homeless
<b>WSSAC</b>	Washington State Substance Abuse Coalition	<b>WSH</b>	Western State Hospital
<b>WTSC</b>	Washington Traffic Safety Commission		

## Acknowledgment of Responsibilities

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In order for the Citizens' Advisory Board to effectively fulfill its advisory role to the Thurston Mason BHO Governing Board, it is important that each member is fully informed and knowledgeable regarding the diverse issues that come before the Advisory Board. Sharing responsibilities is essential to getting the job done, as no one person can do everything. As a member of the Thurston Mason Behavioral Health Organization Advisory Board, I expect staff to provide objective analysis, options, and recommendations. Assisted by staff, I will use my best judgment in making and providing recommendations to the Thurston Mason Behavioral Health Organization Governing Board.

As part of my commitment as an Advisory Board member, I agree to the following:

- Commit to 2-7 hours per month of active participation in BHO Advisory Board activities (meetings, outreach and preparation).
- Prepare for Advisory Board meetings by studying the meeting agenda and supplemental materials before every meeting. If I have a question or want more information regarding an issue, I will contact BHO staff or other Advisory Board members to obtain this information.
- My only contact with contracted service providers regarding contract service provision will be during Advisory Board-sponsored meetings.
- Attend all Advisory Board meetings, as I understand that my attendance is crucial to Board activity. If unable to attend a particular meeting, I will notify staff. I understand that three unexcused absences is cause for removal from the Board.
- I will be an active participant in at least one standing committee of the BHO Advisory Board.

Listed below is my address and phone number(s):

_____	_____	_____
Name (please print)	Home Phone	Work Phone #
_____	_____	
Street Address	City, Zip	
_____	_____	
Mailing Address (if different from above)	City, Zip	

***I have read and understand the Advisory Board Bylaws and Board Handbook materials and acknowledge my responsibilities and role as a Thurston Mason BHO Advisory Board Member.***

_____	_____
Advisory Board Member Signature	Date